

BRITISH GLIDING ASSOCIATION**FOR OFFICIAL USE ONLY****BGA ASISTANT INSTRUCTOR RATING COMPLETION NOTIFICATION**

Please complete the form in clear block capitals using dark ink and submit to the BGA by post or to office@gliding.co.uk

There is no payment required with this application.

Date Received

1. APPLICANTS PERSONAL PARTICULARS

Title.....Surname.....

Forenames.....Nationality.....

Date of Birth.....Place of Birth.....

Postal Address.....

Post Code.....Email Address.....

Tel No.....Mobile No.....

BGA Club.....

2. ASSISTANT INSTRUCTOR RATING COMPLETION DECLARATION

I certify that.....has a. completed the BGA post instructor course review **or** b. completed 15 hours or 50 launches of gliding instruction (delete as required).

I am content that this instructor meets the completion standard.

CFI Name.....Signature.....Date.....

3. APPLICANTS DECLARATION

I certify that the particulars on this form are correct to the best of my knowledge and belief.

I understand that it is my responsibility to ensure that I meet the requirements necessary to maintain the validity of my instructor rating.

Signed..... Date.....

End.